

**MEDEVAC / CASEVAC
GUIDELINES MAY 2011**

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1. **PURPOSE:** This document describes policies and procedures for requesting MEDEVAC/CASEVAC. It will ensure a clear guidance for Commanders, the Lane OICs, Observer-Controller/Trainers (OC/T) on what procedures need to be followed when requesting MEDEVAC / CASEVAC.

2. **SCOPE:** The procedures outlined in this document apply to all personnel assigned, attached or under operational control.

3. **REFERENCES:**

a. First U.S. Army Team SOP January 2007.

4. **FACTS:**

a. The Mobilization Training Center will be Camp Atterbury, Indiana.

b. The term MEDEVAC is usually applied to a vehicle, plane, or helicopter used as an ambulance (sometimes called an "air ambulance"). This permits the rapid transport of seriously injured persons, particularly trauma patients, from the scene of the incident to the hospital. MEDEVAC can be misconstrued, as it may not clarify as to whether ground or air assets are being utilized, and therefore it is best to make it clear during planning and communication.

c. The term CASEVAC means "casualty evacuation". This can apply to injured Soldiers or civilians, and is used to denote the emergency patient evacuation of injured people from a combat zone. CASEVAC is usually accomplished by using ground assets that are either standard medical vehicles or non standard vehicles configured for patient care.

d. The following is a list of conditions that signal or constitute a possible medical emergency and may require immediate first aid, emergency room care, surgery, or care by a physician or nurse. Please note that not all medical emergencies listed below are life-threatening; some conditions require medical attention in order to prevent significant and long-lasting effects on physical or mental health.

- 1) Electric shock
- 2) Head trauma
- 3) Hyperthermia (heat stroke or sunstroke)
- 4) Hypothermia or frostbite
- 5) Poisoning: Venomous animal bite
- 6) Severe burn (including scalding and chemical burns)
- 7) Suspected spinal injury
- 8) Traumatic brain injury
- 9) Gunshot wound

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d. Commanders, Lane OIC or their representative will report, telephonically, all MEDEVAC / CASEVAC request to the BDE within the first hour.

e. BDE will send initial report (see Annex B) to the Camp Atterbury Joint Operations Center (JOC) within 2-3 hours. BDE will report status of Soldier to the JOC until CCIR is closed.

f. Follow up will be required on all CCIRs and SIRs.

g. BDE CDR or BDE Executive Officer, is the approving authority for forwarding all CCIRs and SIRs to higher headquarter.

5. RESPONSIBILITIES/PROCEDURES:

a. In tactical training environment, Medical or Combat Life Saver personnel on site will evaluate the casualty and determine if the incident constitute a medical emergency that requires a MEDEVAC / CASEVAC in order to save life, limb or eyesight. Medical support will be contracted through the installation; provided by civilian EMT's.

1) If determined that MEDEVAC / CASEVAC is needed, the lane OIC or representative will contact Range Control with number of patients and severity of injury to obtain Medical Transport. For emergencies in the training areas (south of County Line Rd) contact Range Control Fire Desk @ x1351 (cell phone #812-526-1351). They will in turn, coordinate with installation dispatch for transport.

2) Lane designated personnel and Medical personnel will evacuate casualty to established ambulance link-up point, as required.

b. In cantonment area for non-life threatening injury or illness, Unit Chain of Command will take the Soldier to the Aid Station, located at the TMC from 0700-1530, any serious injury before or after 1530 in cantonment, contact installation dispatch (812) 526-1109, to arrange for transport to MTF.

c. First Army CCIRs. When a medical emergency occurs –and it is believed to be a serious CCIR- the unit or individual in charge (CO, BN, BDE COC, Lane OIC) will initiate the process to submit the initial report to the JOC within the first hour. See JOC Serious Incident Report SOP.

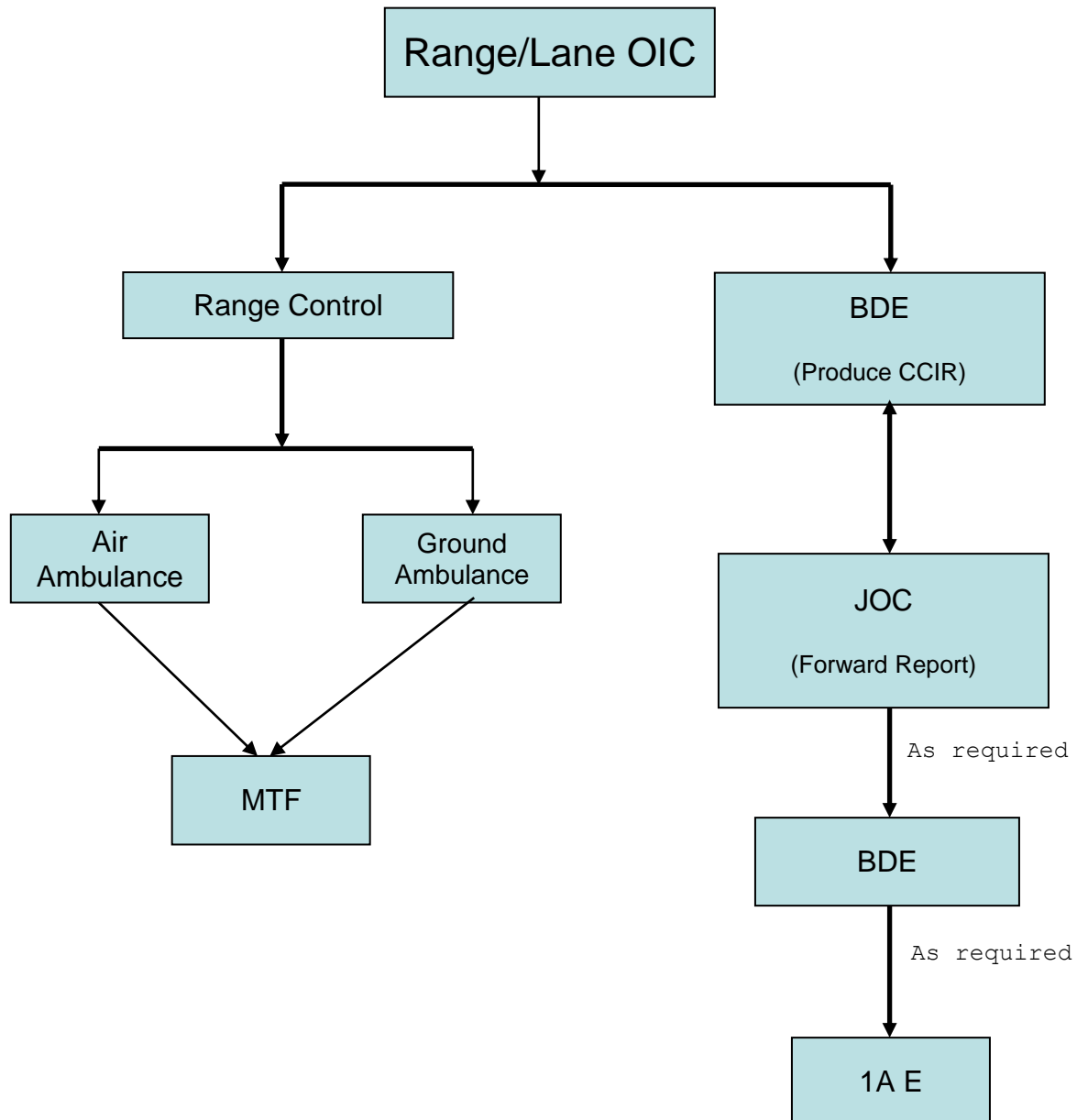
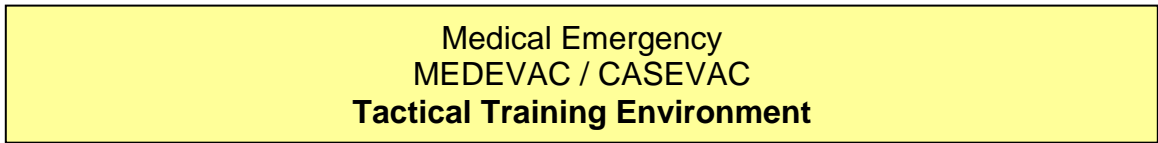
d. First Army SIRs. The JOC will help make the decision whether the incident justifies a SIR.

7. ENDSTATE: Safe and efficient patient packaging and delivery to a MTF as well as accurate and timely CCIR and SIR reporting to the JOC. This will ensure the patient

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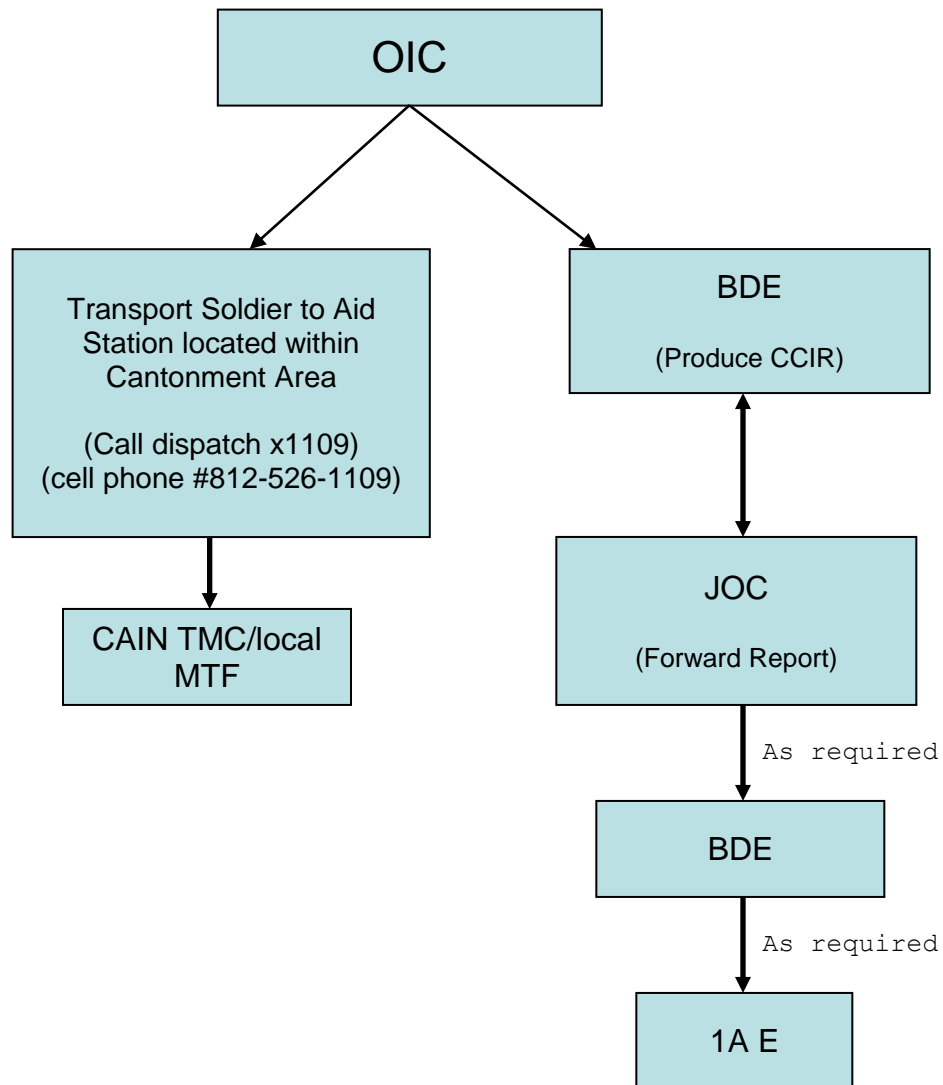
has the best chance for recovery as well as that all concerned personnel are well informed of any incidents during this timeframe.

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Medical Emergency
MEDEVAC / CASEVAC
Cantonment Area



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GROUND MEDICAL EVACUATION

a. Requirements at each range when live firing is being conducted are as follows:

(1) Commanders are responsible for the safety of personnel participating in field training, to include evacuation of injured personnel.

(2) Units are not required to have a dedicated medical evacuation vehicle or medical personnel on each range or firing point unless using flame-throwers. CAIN will provide Medical personnel and EVAC vehicle. OIC will be responsible for determining the most expedient means of evacuation necessary in the event of an injury.

(3) Units requiring external medical support must submit a written request at least 45 days in advance through Mobilization Operations Center (MOC) at (812) 526-1499 x2330.

b. Ground MEDEVAC requests will be initiated through Range control on 38.90 MHz in the clear, or on Range Control Repeater NET of issued Radios. Requester remains on frequency until MEDEVAC mission is complete unless instructed to switch to another frequency or channel by Range Control. All live fire operations will cease fire.

(1) FM frequency 38.90 (Primary)

(2) FM frequency 41.90 (Alternate)

(3) SABER Radio Channel ??

(4) JOC SABER Radio Channel ??

(5) Phone: 1-800-382-9922

Initiate Call: "ATTERBURY RANGE CONTROL, THIS IS _____, REQUEST MEDEVAC, OVER."

c. Ground MEDEVAC requests will include the following information, as a minimum:

(1) Location of pick-up/unit

(2) Unit call sign, FM frequency, and OIC name/rank

(3) Number of patients by precedence

(4) Special equipment required

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- (5) Number of patients by type
- (6) Security at pick up site –wartime-omitted
- (7) Number and specific information about type of wound, injury, or illness of each.
- (8) Method of marking pick-up site
- (9) Terrain description (peacetime)

d. Camp Atterbury Fire Department (CAFD) Ground Ambulance (Medic 1) will take Soldier and battle buddy to either the Troop Medical Center (TMC) or to a rendezvous with off-post transport service and then to the closest Medical Treatment Facility (depending on type of injury).

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AIR MEDICAL EVACUATION

- a. Emergency Air Evacuation is available upon request IAW CAIN DPTMS.
- b. CA PAM 385-10, AEROMEDICAL EVACUATION PROCEDURES will be processed through Range Control Operations. Responsible personnel on site will make determination to request MEDEVAC.
 - (1) FM frequency 38.90 (Primary)
 - (2) FM frequency 41.90 (Alternate)
 - (3) SABER Radio Channel 16
 - (4) Phone: 435-8777/8184
- c. Emergency air evacuation will be requested through Range Control only if the injury is LIFE/LIMB/EYE threatening.
- d. Air MEDEVAC requests will be initiated through Range control on 38.90 MHz in the clear, or on Range Control Repeater NET of issued Radios. Requester remains on frequency until MEDEVAC mission is complete unless instructed to switch to another frequency or channel by Range Control. All live fire operations will cease fire when ordered to by Range Control.

Initiate Call: "ATTERBURY RANGE CONTROL, THIS IS _____, REQUEST MEDEVAC, OVER."

AIR MEDEVAC requests will include the following information, as a minimum:

- (1) Location of pick-up/unit.
- (2) Unit call sign, FM frequency, and OIC name/rank.
- (3) Patient category.
- (4) Special equipment required.
- (5) Security at pick up site.
- (6) Type of wound, or injury.
- (7) Method of marking pick-up site.

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(8) Number of patients by type.

(9) Patient's nationality, race.

(10) Weather at pick-up site.

(11) Brief description of terrain.

e. In the event a unit requesting MEDEVAC / CASEVAC cannot contact Range Control Operations, the unit will make the request directly to installation dispatch for need of air evac transport (include number of patients and severity of injury) @ (812) 526-1109.

Most Air Evac Helicopters cannot accept additional riders, arrange for battle buddy to travel by ground to destination. Refer to Annex C for list of local hospitals.

f. Air Ambulance will take Soldier to local MTF depending on injury.

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ANNEX A (generic MFR)

Xxx-xxx-xxxx

xx May 20xx

MEMORANDUM FOR xxxxx

SUBJECT: Information on MEDEVAC / CASEVAC requests

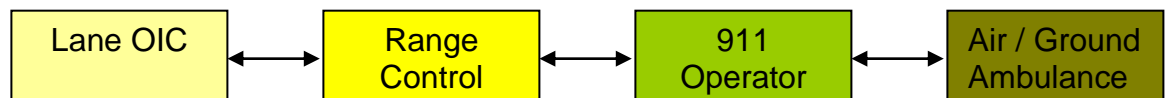
PROVIDING UNIT: BDE Current Operations

1. **SITUATION:** “All lane OICs must submit MEDEVAC/CASEVAC plans to the Brigade Operations Center (TOC) NLT xx May 20xx. Units must send detailed plan with LZ locations and grids”.

2. **RESPONSIBILITIES:** All request for ground or air MEDEVAC / CASEVAC will be canalized thru Range Control at FM frequency 38.90 (Primary); FM frequency 41.90 (Alternate), SABER Radio Channel 16, or phone 435-8777/8184.

3. **COORDINATING INSTRUCTIONS:**

- a. Additional information is provided to assist Lane OICs in the preparation of medical evacuation plans.
- b. Lane OIC
 - 1. Identify a 100 ft. X 100 ft. landing zone (LZ) by 8-digit grid coordinate and LAT/LON
 - 2. Develop a detailed plan for MEDEVAC / CASEVAC
 - 3. Report all medical emergency to higher headquarters within 1 hr of incident
 - 4. Contact Range Control to request MEDEVAC / CASEVAC
 - i. Identify type of MEDEVAC / CASEVAC (ground or air) required
 - 5. Provide required and accurate information as established on MEDEVAC / CASEVAC SOP
- c. Range Control
 - 1. Contact ground ambulance and/or air ambulance contractors thru dispatch
 - 2. If air ambulance is required, Range Control will also request ground MEDEVAC.



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d. Ground MEDEVAC / CASEVAC

1. Capabilities

- i. Ambulance will be placed in strategic location to minimize the response time and maximize the cover area
- ii. Will take Soldier to closest Medical Treatment Facility/link-up points (depending on type of injury)

2. Limitation

- i. No direct communication between the Lane OIC and the ground ambulance crew unless Range Medic 800MHz radio utilized.

3. Requirement

- i. Preferably, leave injured Soldier at training location to minimize further injury

e. Air MEDEVAC / CASEVAC

1. Capabilities

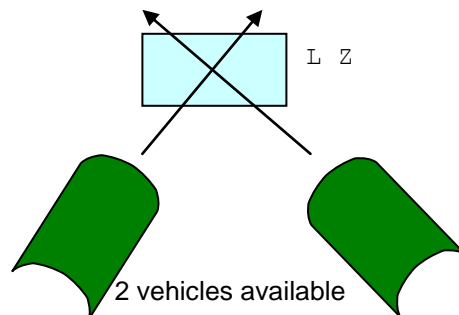
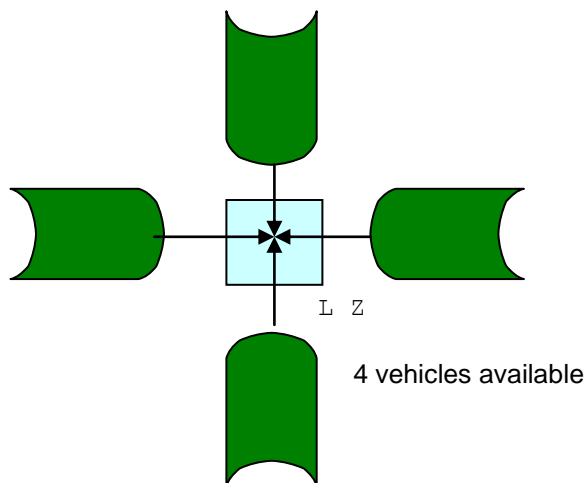
- i. Will take SM to Local Hospital depending on injury and severity

2. Limitations

- i. No direct communication between the Lane OIC and the air ambulance crew unless Range Medic 800MHz radio utilized.
- ii. Air ambulance will glide in and out
- iii. Night vision capability negates use of strobe lights for LZ marking
- iv. Will not support operation during adverse weather conditions (i.e. dense fog, heavy rain, etc)

3. Requirements

- i. 100 ft. X 100 ft. LZ
- ii. ETA is between 25 and 45 minutes
- iii. VS17 panel markers
- iv. At night, lights of vehicles will cross out the LZ



4. **BRIGADE OPERATIONS CENTER POC:** Captain xxxx xxxxx@ xxx-xxx-xxxx.

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ANNEX B

Joint Operation Center CCIR Worksheet

Reporting Unit:

Sent by:

Received by:

Time Received:

CCIR #

Time sent to MOC:

***Brigade CCIR
INJURY***

1. Soldier's Name / Rank / Unit _____
2. DTG / Location _____
3. Type of injury _____
4. Was Soldier taking any medication? _____
5. Was there a witness to event?
6. Soldier had recent vaccination? _____
7. Did the Soldier eat Breakfast? _____ Lunch? _____ Dinner? _____
8. Was the Soldier given an IV on location? _____ How many bags? _____ Time of IV? _____
9. Was the Soldier EVAC to the TMC or the Hospital? _____ Time of EVAC? _____
10. Description of event

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ANNEX D

CA-JMTC/MUTC LOCAL HOSPITAL ADDRESSES

JOHNSON MEMORIAL HOSPITAL
1125 WEST JEFFERSON STREET
FRANKLIN, IN 46131
(317) 736-3300

COLUMBUS REGIONAL HOSPITAL
2400 EAST 17TH STREET
COLUMBUS, IN 47201
(812) 379-4441

COMMUNITY HOSPITAL SOUTH
1402 EAST COUNTY LINE ROAD
INDIANAPOLIS, IN 46227
(317) 887-7000

SAINT VINCENT JENNINGS CO. HOSPITAL ***
301 Henry St # 100
North Vernon, IN 47265-1097
(812) 352-4200

VALLEY VISTA HOSPITAL *****
898 East Main Street
Greenwood, IN 46143
(317) 887-1348

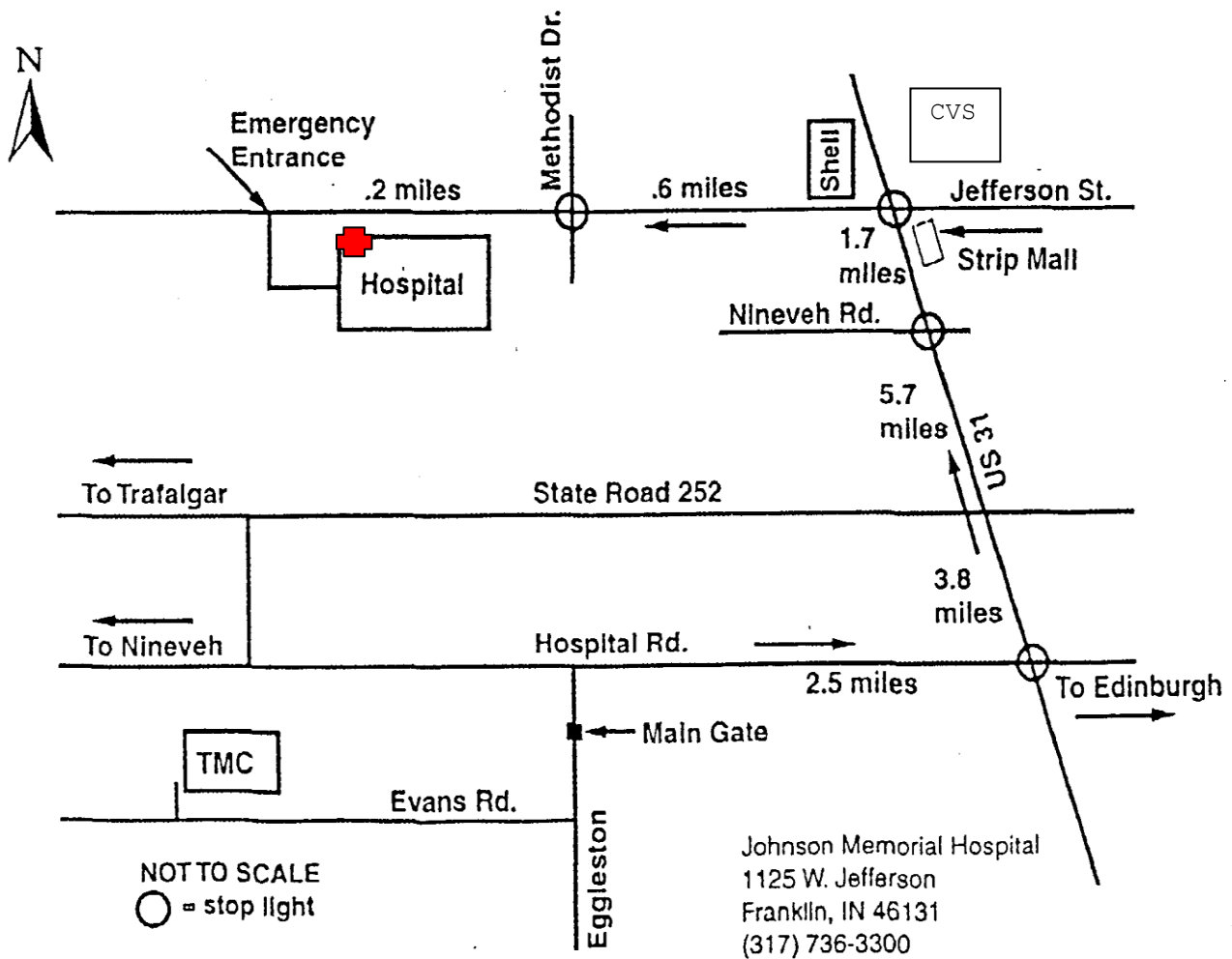
***Muscatatuck Urban Training Center (MUTC)
*****Behavioral Health Specialists

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ANNEX C-2

LOCAL HOSPITAL MAPS

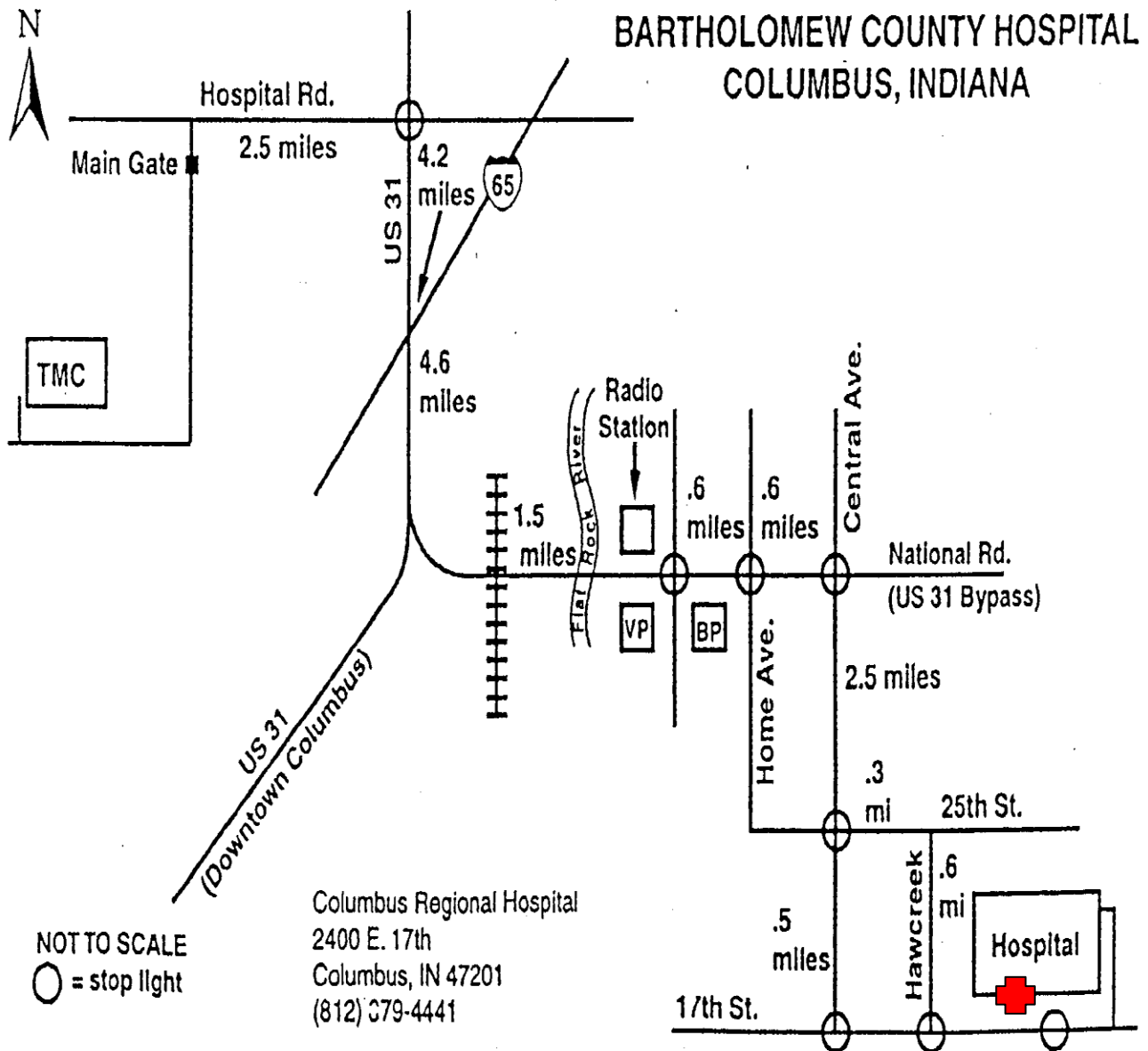
Johnson Memorial Hospital



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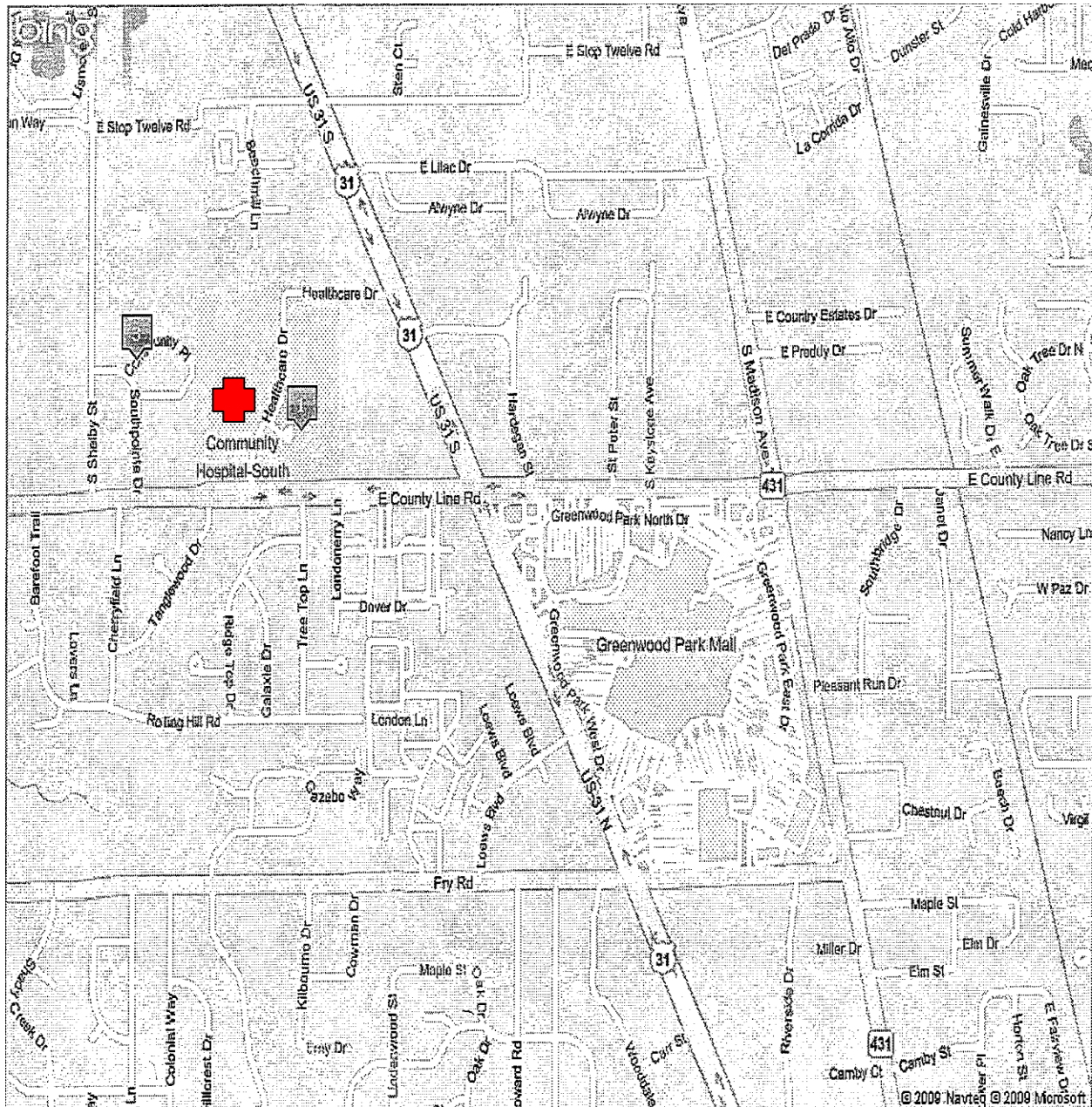
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Columbus Regional Hospital



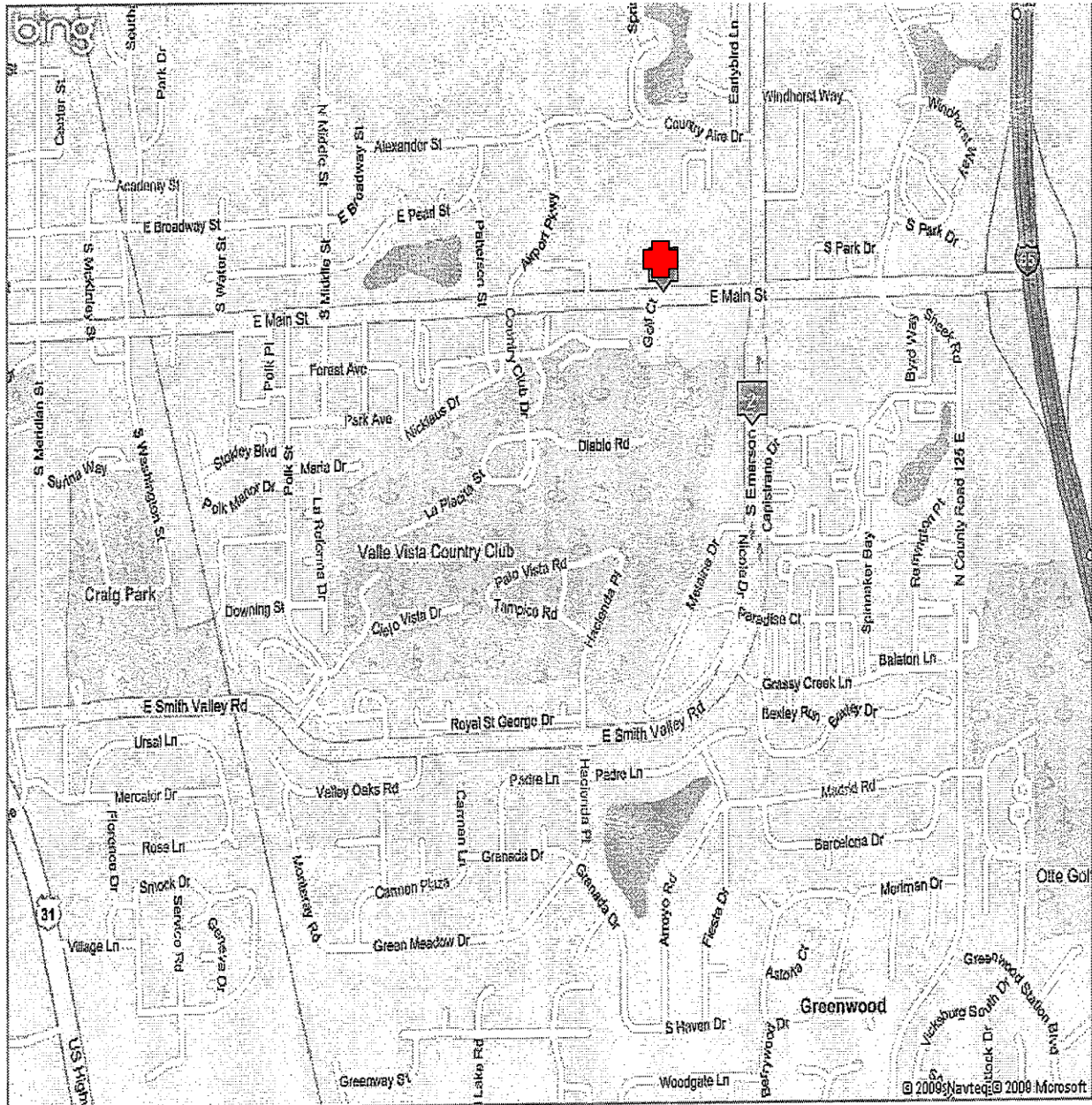
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Community Hospital South



ANNEX C-2 (cont.)

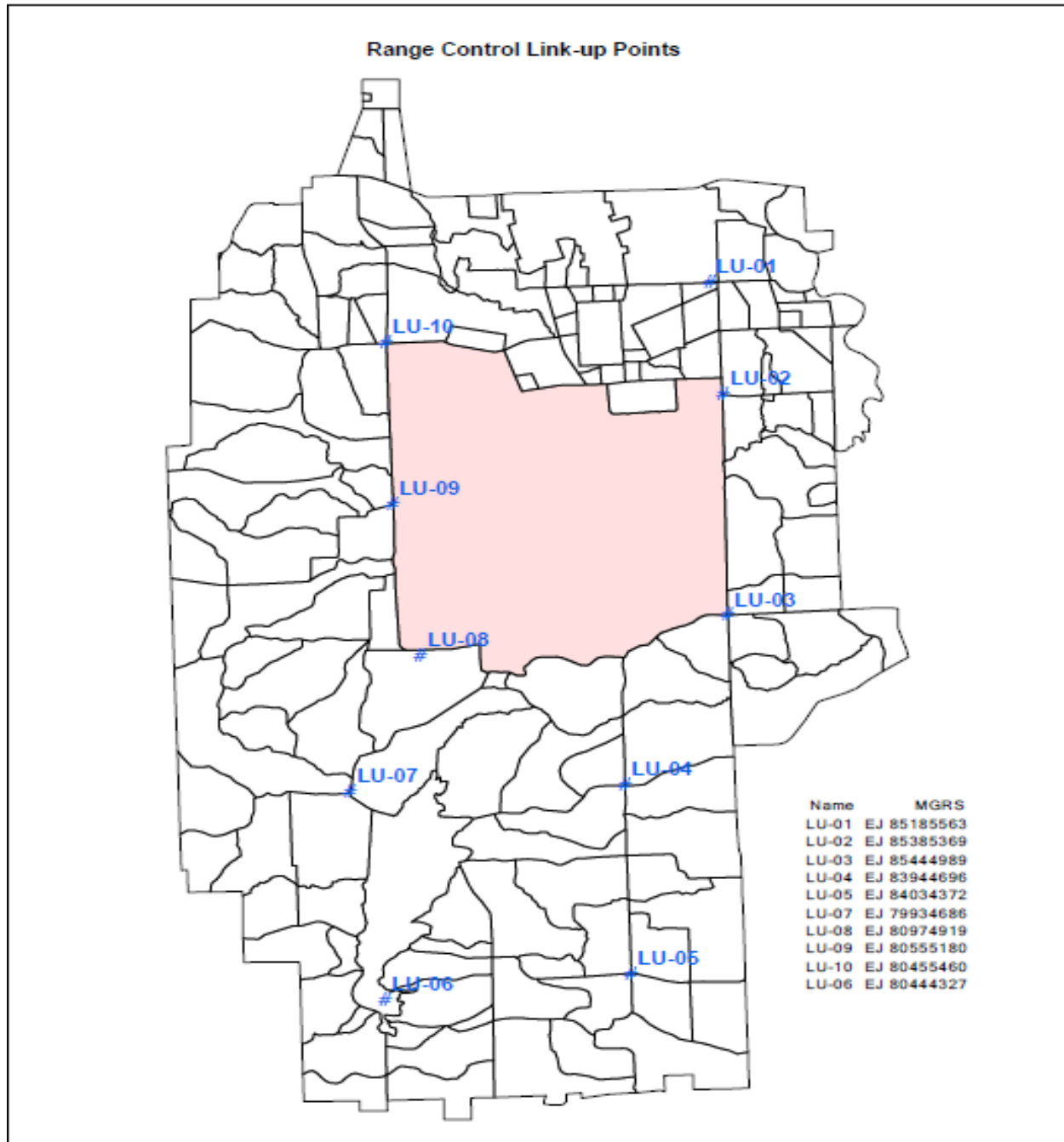
Valle Vista Hospital



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ANNEX D

Range Link-Up Points



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The POC for this information is:

Timothy E. Barger

Camp Atterbury Emergency Management Coordinator

Desk # 812-526-1780

Fax # 812-526-1795

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